



Alzheimer's Disease
International

Annual Report 1999/2000



Message from the president



Princess Yasmin Aga Khan, president

Today, 18 million people in the world have dementia, a figure which is expected to nearly double to 34 million over the next twenty years. Dementia knows no economic, social, geographical or cultural boundaries – people all over the world turn to Alzheimer associations for help in coping with this devastating illness.

We in ADI – caregivers, clinicians and scientists alike – work hand in hand trying to bring a better quality of life and a better future for all those affected by dementia and their families.

As president of Alzheimer's Disease International, it is a pleasure to celebrate our continuing expansion and success. We now have members in 50 countries and contacts in many more. We are reaching out to those countries where there are no Alzheimer associations and encouraging their development.

Our growth is supported by the commitment of our members and with your help we will strengthen the global network of support available to people with dementia and their families.

What is dementia?

Dementia is a degenerative brain syndrome which affects memory, thinking, behaviour and emotion. There is no cure for dementia. Alzheimer's disease is the most common form of dementia. Eventually those affected are unable to care for themselves and need help with all aspects of daily life. Throughout the world most of this care is provided by the family.

Alzheimer's Disease International (ADI)

ADI was established in 1984. We are an umbrella organisation of 50 national Alzheimer associations, our members work to improve the quality of life of people with dementia and their carers. ADI:

- supports members in their activities and encourages the formation of new associations
- disseminates information
- supports an annual international conference focused on carers and carer organisations
- collaborates with other organisations with similar interests
- encourages research
- stimulates public and political awareness at national and international level.

Our members:

- provide support to people with dementia, their carers and their families
- give information and advice
- provide counselling and training courses for carers
- provide home and day care services for people with dementia
- advocate on behalf of people with dementia and their families
- fund research
- co ordinate community awareness programmes.

Report of the chairman and executive director



Dr Nori Graham, chairman



Elizabeth Rimmer, executive director

The dementias are devastating diseases. They cripple the quality of life of affected people and their families. All the ordinary pleasures of life – having a conversation, planning an outing, talking about past times and the future of your children and grandchildren – these are no longer possible. The mind is absent and the body is left as an empty shell.

Raising world vision and levels of awareness about dementia amongst politicians, professionals and members of the general public underlies all the work of ADI and its member associations.

Over the last year ADI has made significant strides in this direction. Building on the success of the previous year's conference in Cochin, India, the 1999 conference in Johannesburg, South Africa, finally established and confirmed the significance of the Alzheimer association movement in economically less well developed parts of the world. This is crucial because from now on the majority of our new members will come from these parts of the world. This is where most people in the world live

and where most people with dementia live. Increasingly ADI will need to facilitate this process through the expertise and generosity of the established Alzheimer associations in more affluent countries. This is a very special form of international aid. We provide an opportunity for carers in developed countries to help carers in developing countries who are in the same predicament as themselves. In so doing, those living in developed countries can learn a great deal about how much can be achieved with very limited resources.

This year has seen a great interest from countries which have not previously been in contact with ADI. The Latin American regional meeting in Cuba and the Asia Pacific regional meeting in Singapore were able to embrace many of the new associations and put them in contact with neighbours who could be helpful to them. The standard of discussion and experiences exchanged at these regional meetings are highly significant. Following the example of Europe, regional meetings will

gain importance over the coming years.

Like all international organisations, ADI's power to communicate has been greatly enhanced by the internet. Our web site has expanded significantly. In particular, our 'Help for Caregivers' website and Alzheimer portal have helped people from all over the world to access areas of interest and activities in their own countries.

Raising awareness needs to be backed by facts and figures. The 10/66 initiative led by Dr Martin Prince is providing these in many parts of the world and gives our work great professional credibility. We thank Dr Prince and Professor Henry Brodaty, chairman of the medical and scientific panel, for all their efforts on behalf of ADI.

We must once again thank our generous donors whose contributions are detailed in the treasurer's report. Last but not least, we would like to acknowledge that the success of ADI is entirely due to those who work so hard in the national member associations as well as to our own very small and dedicated staff.

Highlights of the year 1999/2000



World Alzheimer's Day

September 21 1999

World Alzheimer's Day is going from strength to strength. In 1999 we distributed nearly 60,000 bulletins in English and Spanish, 38,000 postcards, 21,000 posters and 24,000 badges throughout the world. These materials were used by nearly 40 Alzheimer associations to promote World Alzheimer's Day. With so many members actively participating in World Alzheimer's Day there was a wide range of exciting events, from street leafleting campaigns in 95 Japanese cities to the launch of the Alzheimer Society of Ireland's website. In Nigeria, the Alzheimer association organised visits to family carers. In England, one of the branches of the Alzheimer's Society launched their millennium project, 'a celebration of memories'. In southern India a seminar was held exploring the role of the media in raising awareness. Just a sample of some of the diverse ways World Alzheimer's Day was marked.



TOP
Alicja and Mirka with people with dementia in front of their stand on World Alzheimer's Day 1999 in Warsaw, Poland

MIDDLE
Campaigning on World Alzheimer's Day in Turkey

BOTTOM
Members of the Alzheimer Association of Japan distributing information on World Alzheimer's Day

World Health Organization

1999 was the International Year of Older Persons. Some of our members participated in the global movement for active ageing by joining in the Global Embrace, a world walk event held in October 1999. We have strengthened our relationship with WHO and have met with them several times to encourage the recognition of dementia as important health issue. We were thrilled to receive a message of support from the director general, Dr Gro Harlem Brundtland for our World Alzheimer's Day campaign.

Help for Caregivers website www.alz.co.uk

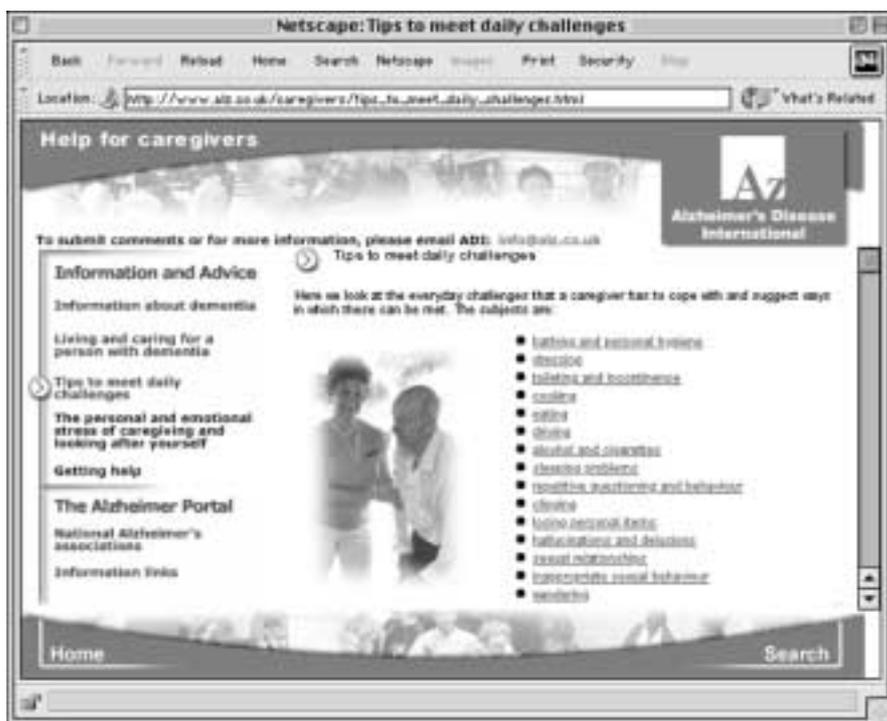
We launched this site, which provides information for carers of people with dementia and advice on meeting the daily challenges of caring, in February 2000. There are also links to good sources of information about dementia on the net. Since the site was launched traffic to our website has increased significantly and is now more than double what it was six months ago.

GP video

Dementia in Primary Care – this video was produced by the Institute of Psychiatry, Kings College London, UK, and partly financed by ADI. It is aimed at primary health care doctors or general practitioners and covers screening for dementia, diagnosing the different dementias, working with carers, functional assessment and managing behavioural problems. The video was very well received by members and is currently being translated into Spanish.

Charter

Our charter of principles for the care of people with dementia and their carers was formally approved by members during our annual meeting in Johannesburg. The charter (see page 13) is a set of basic principles which members can adapt for their own needs. It was developed by a working group of ADI members and incorporates the views of Alzheimer associations throughout the world. The charter is available in English and Spanish.



Highlights of the year 1999/2000

Regional meeting: Asia Pacific

The Alzheimer's Disease Association of Singapore hosted the second Asia Pacific regional conference in September 1999. Delegates from Australia, Hong Kong, India, Indonesia, Japan, Malaysia, New Zealand, Philippines, Sri Lanka, Taiwan, Thailand and Singapore met over two days and were rewarded with stimulating discussions, a fostering of friendships and developing networks. Dr Jacob Roy, vice chairman of ADI, gave an overview of the challenge of dementia for the region, highlighting the need for a multi-faceted approach to developing dementia services.



Regional meeting: Latin America

The Alzheimer's Association of Cuba hosted the third Latin American regional meeting in Havana in March 2000. ADI members from Argentina, Brazil, Chile, Cuba, Colombia, Dominican Republic, Guatemala, Mexico, Puerto Rico, Spain, Uruguay, and Venezuela all attended the three day meeting. Members organised and participated in lively organisational workshops on fundraising, managing conflict and identifying aims. Representatives from emerging Alzheimer associations in Peru, Costa Rica and El Salvador also attended the meeting and enjoyed the opportunity to network with their Latin American colleagues.

LEFT
Delegates to the Latin American regional meeting, March 2000

BELOW
Delegates to the second Asia Pacific regional conference, September 1999



10/66 Research Group

The 10/66 network has grown considerably since our conference in Johannesburg and now has active members in Africa, China, South East Asia, Eastern Europe, India, Latin America and the Caribbean. 10/66 gets its name from the fact that less than 10% of all population based research in dementia has been directed towards the 66% or more people with dementia who live in developing countries. 10/66 is a network of researchers who are investigating the prevalence of dementia in regions where it has not been studied. They are learning more about the causes of dementia, looking at care arrangements and trying to quantify the impact of caring on carers. There is more detailed information about 10/66 activities in the medical and scientific report.



ABOVE
Some of the 10/66 Research Group at the ADI international conference in Johannesburg, September 1999

Annual International Conference Johannesburg

South Africa
September 1999



When Nelson Mandela was released from prison, he was asked what had kept him going through the long years of captivity. His reply, that without his memories he would never have survived, was recalled by Nori Graham, chairman of ADI, in her welcome to delegates at our 15th annual international conference in Johannesburg hosted by the Alzheimer's and Related Dementias Association (ARDA) of South Africa.

There is much to learn from the African approach to dementia. One of the most memorable plenary session presentations was given by Maria Modisagae, a social worker employed by ARDA. She spoke of the monumental task of creating understanding in the township of Soweto, where few people have heard of dementia.

Adelaide Tambo, widow of the former ANC leader, Oliver Tambo, spoke at the closing ceremony and

bought greetings from Thabo Mbeki president of South Africa.

The conference had many opportunities for workshops and a growing interest from members in learning in these interactive sessions. We ran 12 popular workshops on organisational issues led by ADI members and volunteers.

The word that summed up the conference was 'Ubuntu', a South African concept which means 'sharing the pot', offering a helping hand. At this conference, 800 delegates from 49 different countries shared experiences and knowledge in the spirit of partnership.

Images from the 1999 International Conference in South Africa

Report of the medical and scientific advisory panel



Professor Henry Brodaty, chairman of the medical and scientific advisory panel

10/66 Dementia Research Group

The 10/66 consortium is a major development for ADI. Under the leadership of Dr Martin Prince, the 10/66 network has fostered research in mainly developing countries. Epidemiological studies are now underway in Latin America, Asia and Africa. Dr Prince has reported progress in training in the use of the Geriatric Mental State and the pilot application of research protocols in Brazil, the Dominican Republic, Mexico, Colombia, Peru, Venezuela and Cuba.

An informal meeting of the 10/66 group's Indian and Sri Lankan network was held during the annual national conference of the Indian Psychiatric Society in Cochin, South India, in January 2000. Most of the centres in the network were represented. Over 354 subjects had been recruited across the seven sites by that date. Recruitment had been by clinical contact and by 'snowballing'. The measures appeared relatively feasible but difficulties with administration to poorly educated persons were evident.

The network has provided a strong framework for multi-centre collaborative research into dementia. It was anticipated that at the end of the pilot study the network will have

demonstrated its capacity to conduct dementia research in seven Indian centres. The next stage may be to engage in more epidemiological research or to move towards evaluation of intervention.

At a very successful regional meeting of the Latin American and Caribbean 10/66 network, held in Havana in March 2000, many Latin American centres expressed interest in participating in population based dementia prevalence studies. Problems in translation and differences in Spanish idiom between different Spanish speaking countries were evident.

The 10/66 network is now officially affiliated with ADI and has appointed a network administrator, Seema Quraishi. The ADI website includes a section devoted to the work of 10/66. A paper was published in the *International Journal of Geriatric Psychiatry*: 'Methodological issues for population-based research into dementia in developing countries', *IJGP* 2000, 15, 21-30.

Ambassadorial activities

- Dr Magda Tsolaki organised the first national Greek Alzheimer's meeting in Thessaloniki. This was attended by Dr Serge Gauthier, Dr Alexander Kurz, Dr Nori Graham and Elizabeth Rimmer.
- Dr Juan Llibre organised the regional Latin American meeting in Cuba, attended by Professor Barry Reisberg, Dr Martin Prince, Dr Nori Graham and Elizabeth Rimmer.
- Professor Barry Reisberg talked about ADI in Oman.
- Dr Jacob Roy spoke at the Asia Pacific meeting of ADI in Singapore.
- Dr Rafael Blesa was active in El Salvador and Costa Rica.
- Professor Amos Korczyn organised the first International Conference on Vascular Dementia in Geneva.

Other contributions

- Drs Daisy Acosta and Matthew Varghese made important contributions to the 10/66 network.
- Drs Piero Anturmo and Steve Iliffe played significant parts at the ADI conference in Johannesburg in September 1999.
- Dr Richard Harvey took up a position coordinating research for the Alzheimer's Society in the UK and made contributions to the *Global Perspective* newsletter.

Johannesburg ADI conference September 1999

A number of members of the medical and scientific advisory panel were active at this conference. A workshop on detection and management of dementia in general practice was organised for local GPs by Drs Steve Iliffe, Nori Graham and Henry Brodaty.

Drug availability survey

A survey of the availability, licensing of drugs and subsidy arrangement of drugs for the treatment of Alzheimer's disease was conducted across all ADI countries.

Activities planned for 2000/2001

- 'Harmonisation of caregiver outcome measures', a workshop aimed to harmonise outcome measures integral research, has been organised by Henry Brodaty on July 18 2000 at the World Alzheimer Congress in Washington.
- A workshop on quality of life in regard to dementia has been organised by Professor Anthony Mann at the World Alzheimer Congress.
 - A symposium on activities of the 10/66 network has been organised by Dr Martin Prince at the World Alzheimer Congress.

Henry Brodaty
May 2000

Report from council

Council

The council is the governing body of ADI. It consists of the delegates of the full members associations and individual members of the executive committee. The council is responsible for ADI's policy and overall direction and meets once a year.

The council met in Johannesburg, South Africa, on 15 September 1999. Present at the meeting were 29 voting members, two provisional members (non-voting), members of the executive committee, Elizabeth Rimmer, executive director, Susan Frade, minute secretary, Jerry Stone, honorary vice president, and a large number of invited observers.

Elizabeth Rimmer outlined the activities of the year 1998/1999 as detailed in the annual report circulated at the meeting. Dr Jacob Roy described the significant impact the conference in Cochin, India (September 1998) had made on awareness about dementia in India and the subsequent positive effects.

Business plan

Elizabeth Rimmer presented the draft business plan for 2000–2003. There was a discussion centred around the following proposals which were broadly agreed:

- All members should try to use World Alzheimer's Day to gain publicity and raise awareness.
- Regional groups were welcomed although discrete and separate organisations like Alzheimer Europe are not to be encouraged.
- Members should be encouraged to use the Alzheimer University materials and adapt them for

their own use to strengthen their work both at national and regional levels.

- 10/66 will be officially affiliated to and supported by ADI.

The business plan will be finalised with a revised budget for the next council meeting.

ADI Charter

Verna Schofield presented the final draft of the ADI charter of principles for the care of people with dementia and their carers. The charter was endorsed by the council and it was agreed that it should be translated and distributed worldwide.

Membership

The council confirmed full membership for the Dominican Republic, Turkey, Cuba and Czech Republic, and provisional membership for Malaysia, Uganda, Nigeria, Russia, Thailand, Slovakia and Iceland.

Conference 2003

The council discussed and agreed the application put forward by Venezuela to host the ADI meeting in 2003 in Caracas, subject to resubmission of the budget.

Nominations

The council agreed the nominations made by the nomination committee. Michael Livni would continue as treasurer for one further and final year. Professor Henry Brodaty would continue as chairman of the medical and scientific panel for a second term 1999–2002.

Yoshio Miyake (Japan), Marg Eisner (Canada) and Gabriella Salvini (Italy) all retired from the executive committee and were

thanked for their commitment to ADI.

Brian Roycroft (England) and Verna Schofield (New Zealand) were elected for a second term on the executive committee.

Mirka Wojciechowska (Poland), Karla Peijs (Netherlands), Dr Magda Tsolaki (Greece), Dr Aquilas Salas (Venezuela) and Dr Li Ling Ng (Singapore) were elected to the executive committee for the first time.

Ruth Goldberg (Israel) was elected chairman of the nomination committee 1999–2000.

World Alzheimer Congress 2000

Stuart Roth spoke about the World Alzheimer Congress that will be held in Washington in July 2000. This congress is made up of three events; Pivotal Research, Bridging Research and Care and Creative Care. Creative Care comprises ADI's 16th annual conference, the Alzheimer Society of Canada's national meeting and the national education conference of the American Alzheimer's Association.

The chairman concluded the meeting by thanking all ADI members for their loyal support.

Nori Graham
Chairman
May 2000

Report of the treasurer

For the year end December 31 1999



Michael Livni, treasurer

1999 has been another very successful year for ADI. Our income was significantly higher than previous years. We appreciate the continuing support of our members, whose dues accounted for 34% of our income, and also the donations from individuals and associate members, of which we received more than ever in 1999. Expenditure in the year was well contained, but showed an increase on 1998 due to the increase in activities.

In June we ran a second year of the Alzheimer University, which was improved and expanded from the pilot in 1997. We developed and ran the second module of the course and expenditure on the program increased accordingly. This was made possible by a \$60,000 grant from Janssen Pharmaceutica and a grant of just over \$8,000 from The Harold Hym Wingate Foundation, and we are grateful to them for their support.

Towards the end of the year, we worked with Pope Woodhead to develop the Help for Caregivers web site, which was launched early in 2000. This major development of the website accounted for the majority of the \$55,700 that ADI

spent on telecommunications and the internet in the year. Two grants of \$32,000, one from Novartis Pharma AG and another from the Novartis Foundation for Gerontological Research, supported the work – for which we thank them.

We received the third \$60,000 instalment of the three year communication grant from the Eli Lilly International Foundation. This does not show as new income in the 1999 accounts, but rather as assets released from restriction, as the whole \$180,000 was included in the 1997 income figure. We greatly appreciate the support of the Foundation, which helped us to further expand our range of educational publications. We spent 33% more on printing our materials than in 1998, which reflects the increased quantity produced.

Pfizer Pharmaceuticals Group gave us a grant of \$40,000 towards the World Alzheimer's Day materials and bulletin. We also received \$20,000 from Pfizer in support of our annual conference in South Africa. We gave more than 20 travel grants to enable people from around the world to attend. We are grateful to Pfizer for their contributions.

The accounts I am presenting to you highlight the increase in our activities and show a solid foundation for further expansion. This is only possible because of the support of our members and donors and we thank them for it.

Michael Livni
Treasurer
June 2000

Independent auditor's report

We have audited the accompanying statements of financial position of Alzheimer's Disease International as of December 31, 1999 and 1998 and the related statements of activities and changes in net assets and statements of cash flows for the years then ended. These financial statements are the responsibility of the organisation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alzheimer's Disease International as of December 31, 1999 and 1998 and the results of its activities and changes in net assets, and cash flows for the years then ended in conformity with generally accepted accounting principles.

Ruzicka & Associates Ltd
United States
March 2000

Statements of financial position

December 31, 1999 and 1998

	1999			1998		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Assets						
Cash and cash equivalents	284,492		284,492	123,661		123,661
Dues receivable				871		871
Loan for conference				20,000		20,000
Grants receivable	5,746		5,746	10,480	60,000	70,480
Prepaid expenses & other	753		753	777		777
fixed assets, net of accumulated depreciation of \$9,805 in 1998 and \$5,830 in 1997	7,587		7,587	6,962		6,962
Interfund balance	(36,073)	36,073		(10,384)	10,384	
Total assets	<u>262,505</u>	<u>36,073</u>	<u>298,578</u>	<u>152,367</u>	<u>70,384</u>	<u>222,751</u>
Liabilities and net assets						
Liabilities						
Accounts payable	20,558		20,558	20,260		20,260
Deferred revenue	30,000		30,000			
Total liabilities	<u>50,558</u>		<u>50,558</u>	<u>20,260</u>		<u>20,260</u>
Net assets						
Unrestricted	211,947		211,947	132,107		132,107
Temporarily restricted		36,073	36,073		70,384	70,384
Total net assets	<u>211,947</u>	<u>36,073</u>	<u>248,020</u>	<u>132,107</u>	<u>70,384</u>	<u>202,491</u>
Total liabilities and net assets	<u>262,505</u>	<u>36,073</u>	<u>298,578</u>	<u>152,367</u>	<u>70,384</u>	<u>222,751</u>

See accompanying notes

Statements of activities and changes in net assets

For the years ended December 31, 1999 and 1998

	1999			1998		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Support and revenue						
Dues	166,693		166,693	165,491		165,491
Contributions and grants	237,386	30,000	267,386	105,297		105,297
In kind contributions - occupancy	16,560		16,560	16,275		16,275
Interest and other	7,524		7,524	5,220		5,220
Gain (loss) on currency exchange transactions	(3,369)		(3,369)	(99)		(99)
Net assets released from restriction: satisfaction of program restrictions	64,311	(64,311)		102,494	(102,494)	
Total support and revenue	489,105	(34,311)	454,794	394,678	(102,494)	292,184
Expenses						
Salaries and related expenses	99,211		99,211	87,118		87,118
Grants to members	10,402		10,402	14,133		14,133
Alzheimer University	49,849		49,849	29,356		29,356
Occupancy - donated space	16,560		16,560	16,275		16,275
Printing	41,519		41,519	31,222		31,222
Postage & delivery	12,942		12,942	15,649		15,649
Office expenses and miscellaneous	12,825		12,825	15,718		15,718
Telephone and internet	55,656		55,656	8,601		8,601
Professional fees	6,175		6,175	7,456		7,456
World Alzheimer's Day	42,875		42,875	42,254		42,254
Convention, including travel grants	46,413		46,413	78,302		78,302
Other meetings & travel	9,553		9,553	5,691		5,691
Depreciation	5,285		5,285	3,975		3,975
Total expenses	409,265		409,265	355,750		355,750
Increase (decrease) in net assets	79,840	(34,311)	45,529	38,928	(102,494)	(63,566)
Net assets						
Beginning of year	132,107	70,384	202,491	93,179	172,878	266,057
End of year	211,947	36,073	248,020	132,107	70,384	202,491

See accompanying notes

Statements of cash flows

For the years ended December 31, 1999 and 1998

	1999			1998		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Cash flows from operating activities:						
Change in net assets	79,840	(34,311)	45,529	38,928	(102,494)	(63,566)
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Depreciation	5,285		5,285	3,975		3,975
Change in interfund balance	25,689	(25,689)		(42,494)	42,494	
Decrease (increase) in dues receivable	871		871	(371)		(371)
Decrease (increase) in loan for conference	20,000		20,000	(20,000)		(20,000)
Decrease in grants receivable	4,734	60,000	64,734	5,999	60,000	65,999
Decrease (increase) in prepaid expenses	24		24	(502)		(502)
Increase (decrease) in accounts payable	298		298	(8,286)		(8,286)
Increase in deferred revenue	30,000		30,000			
Net cash flow used in operations	166,741		166,741	(22,751)		(22,751)
Investing activities						
Purchase of fixed assets	(5,910)		(5,910)	(1,964)		(1,964)
Increase (decrease) in cash	160,831		160,831	(24,715)		(24,715)
Cash and cash equivalents balance						
Beginning of year	123,661		123,661	148,376		148,376
End of year	284,492		284,492	123,661		123,661

See accompanying notes

Notes to financial statements

December 31, 1999 and 1998

1 Summary of significant accounting policies

Purpose of the organisation

Alzheimer's Disease International: The International Federation of Alzheimer's Disease and Related Disorders Societies, Inc. (ADI) was incorporated in 1985 as a world wide organisation to: advance the well-being of people with dementia, their families and caregivers; provide a world wide forum to foster discussion, research, education and public policy about dementia; foster the development of voluntary associations; and facilitate cooperation among international organisations.

Basis of accounting

The accompanying financial statements are prepared in accordance with generally accepted accounting principles as set forth in the Financial Accounting Standards Board Statements 116 and 117. Revenue and expenses are recorded on the accrual basis of accounting. All contributions are considered available for unrestricted use, unless specifically restricted by the donor. Restricted grants are recognized as temporarily restricted revenue when received and transferred to the unrestricted fund when expended.

Dues are computed as a percentage of members' unrestricted revenues. Minimum dues are \$1000. Dues are payable July 31 for the calendar year end and are based on the prior year end financial statements. All computations are performed by the member organisations. Candidates for membership pay a \$50 application fee which is applied to their first year's dues if they are approved for full membership.

Fixed assets

Furniture and equipment is recorded at cost and depreciation is provided on a straight-line basis over the estimated useful lives of three to five years.

Income taxes

Alzheimer's Disease International is a nonprofit organisation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

2 Net Assets

ADI classifies its net assets into two categories:

Unrestricted net assets include all of the unrestricted support and revenue of ADI, all of the expenses of the organisation and transfers from temporarily restricted net assets for reimbursement of expenditures that meet the restrictions of the donors.

Temporarily restricted net assets include all the restricted support and revenue of ADI. Transfers are made from this fund to unrestricted net assets as expenditures are incurred which meet the restrictions of the donors.

3 Major member support

ADI received approximately 77% of its dues revenues from three member organisations. In addition to dues, one member organisation made a contribution of \$10,000 in 1998 for the conference. Major contributions were received from four sources in 1999 and five sources in 1998.

4 In kind contributions

In 1999 ADI received \$16,560 (\$16,275 in 1998) of in-kind contributions from the Alzheimer's Society (England, Wales and Northern Ireland) in the form of rent and office support. This gift has been recorded as a contribution and as occupancy expense in the accompanying financial statements.

5 Program activities

The major activities of ADI include the Alzheimer University – a program designed to strengthen the work of Alzheimer associations, an annual international conference, printing of educational materials (newsletter, factsheets and booklets), assistance to members, development of new Alzheimer associations and World Alzheimer's Day. The conference is coordinated and planned by a member country upon the ADI board approval of a conference proposal. The 1999 conference was held in South Africa and in 1998 it was held in India. In 1998 ADI made a grant of \$20,000 to India for conference support. The balance of conference expenses was primarily for the registration and travel assistance for people to attend the conference and printing of conference materials.

Alzheimer's Disease International

Charter of principles

Alzheimer's Disease International recognises the following principles as fundamental to the provision of care for people with dementia and for the support of their family members and carers:

- 1 Alzheimer's disease and related dementias are progressive, incapacitating diseases of the brain that have a profound impact on persons with dementia and members of their families.
- 2 A person with dementia continues to be a person of worth and dignity, and deserving the same respect as any other human being.
- 3 People with dementia need a physically safe living environment and protection from exploitation and abuse of person and property.
- 4 People with dementia require information and access to coordinated medical and welfare services. Anyone thought to have the disease needs medical assessment and those with the disease require ongoing care and treatment.
- 5 People with dementia should as far as possible participate in decisions affecting their daily lives and future care.
- 6 The family carers of a person with dementia should have their needs relating to the care assessed and provided for and should be enabled to take an active role in this process.
- 7 Adequate resources should be available and promoted to support people with dementia and their carers throughout the course of the disease.
- 8 Information, education and training on the disease, its effects and how to provide care must be available to all those involved in the assistance of people with dementia.

Officers

As at 1 October 1999

President

Princess Yasmin Aga Khan, USA

Chairman

Nori Graham, UK

Vice chairmen

Henry Brodaty*, Australia

Jacob Roy, India

Roberto Garcia, Mexico

Stuart Roth, USA

Treasurer

Michael Livni, South Africa

Honorary vice president

Brian Moss, Australia

Founder and honorary vice president

Jerome Stone, USA

* also chairman of the medical and scientific panel

Executive Committee

As at 1 October 1999

Carlos Mangone, Argentina

Brian Roycroft, UK

Verna Schofield, New Zealand

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CANADA

Alzheimer Society of Canada

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Cuban Section of Alzheimer's Disease and Related Disorders

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Deutsche Alzheimer Gesellschaft

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Hong Kong Alzheimer's Disease and Brain Failure Association

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Alzheimer's and Related Disorders Society of India

IRELAND

Alzheimer Society of Ireland

ISRAEL

Alzheimer's Association of Israel

ITALY

Federazione Alzheimer Italia

JAPAN

Alzheimer's Association Japan (AFCDE)

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Alzheimer's Association Korea (AFCDE)

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Association Luxembourg Alzheimer

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NEW ZEALAND

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Slovak Alzheimer's Society

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Alzheimer's and Related Disorders Association of Thailand

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